

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 46776

FILED JAN 13 1958

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 590		Registrar's No. 3345	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Pine Lawn				c. LENGTH OF STAY (in this place) 4 Yrs.		c. CITY OR TOWN Pine Lawn 4131	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4008 Cedar Wood				STREET ADDRESS (If rural, give location) 4008 Cedar Wood			
3. NAME OF DECEASED (Type or Print) JOSEPH MARTIN RENAUD				4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 30, 1897	
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor foreman		11. BIRTHPLACE (City and State or Foreign Country) Perryville Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Renaud		13b. MOTHER'S MAIDEN NAME Mary Nelhaus		14. NAME OF HUSBAND OR WIFE Isabella Schumer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-03-5515		17. INFORMANT'S SIGNATURE OR NAME Clyde Renaud			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute myocardial infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) 4/201  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH 15 min.  3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 19, 1955, to Dec 31, 1957, that I last saw the deceased alive on 12/28, 1957, and that death occurred at 11:45 m., from the causes and on the date stated above.							
23a. SIGNATURE Murray Chensky MD		(Degree or title)		23b. ADDRESS 6223 Natural Bridge		23c. DATE SIGNED 1/2/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4, 1958		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 1-3-58		REGISTRAR'S SIGNATURE Herbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE William Kelly		ADDRESS 7267 Natural Bridge	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James A. Lemmer*

Licensed Embalmer No. *414*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.